

**TOWN OF ENFIELD
ENFIELD COMMERCIAL REHABILITATION PROGRAM**

APPLICATION

INSTRUCTIONS: Complete all items carefully and accurately to the best of your knowledge and return to:

**The Town of Enfield
Office of Community Development
786 F Enfield Street
Enfield, CT 06082**

DATE _____

REQUESTED LOAN AMOUNT _____

PROJECT AMOUNT TOTAL _____

OWNER INFORMATION: To be completed and signed by property owner:

Applicant (s) Name: _____

Mailing Address: _____

Daytime phone number: _____ / **Email** _____

When did you purchase the property? _____

PROPERTY INFORMATION:

Address of subject property: _____

Description of subject property: _____

Number of floors: _____ **Types of uses:** _____

Number of Commercial Units: _____ **Residential Units** _____

Type of Building Construction (e.g. wood, brick) _____

INSURANCE INFORMATION

Agents Name: _____ **Telephone #:** _____

Address: _____

Amount of Coverage: _____ **Policy #** _____

Please attach a copy of your Certificate of Insurance which can be obtained from your Insurance Agent.

MORTGAGE INFORMATION

Please provide the following information for all mortgages on the property to be rehabilitated:

MORTGAGE HOLDER	ORIGINAL AMOUNT	CURRENT BALANCE	MONTHLY PAYMENT

Please list any liens and their amounts which are currently filed against the property to be rehabilitated:

LIEN	AMOUNT

Please attach a copy of Schedule C of tax form 1040 covering the property to be rehabilitated.

COMMERCIAL/RETAIL TENANT INFORMATION:

Please provide the following information per commercial unit (if unit is vacant please indicate):

Unit #	Address	Tenant Name	Tenant has occupied unit since (month/year)	Monthly Rent
1				
2				
3				
4				
5				
6				

RESIDENTIAL TENANT INFORMATION:

Please provide the following information per residential unit. Actual verification will be by the Office of Community Development.

Apt #	Address	Tenant Name	# of Bed-rooms	Current Monthly Rent	Utilities Included? Yes or No
1					
2					
3					
4					
5					
6					

FAÇADE AND CODE IMPROVEMENTS:

Please give an itemized description of the type of improvement (s) being requested. If you've obtained any cost estimates from local contractors or have done some research on your own please indicate an approximate cost for each item. Please contact OCD if we can assist you in defining the scope of your project.

ITEMS	COST
TOTAL COST ESTIMATE (if known)	

How much funding will you be providing towards the rehabilitation project: \$ _____
OR Percentage _____% (minimum 50%)

What is your planned source of funds for your portion of the project?

OCD _____ Savings _____ Bank Loans _____ CRA Bank Loan _____

Other (explain) _____

CERTIFICATION

I certify that the above information is true and correct to the best of my knowledge. I authorize the Town of Enfield to verify any and all information stated above.

I certify that I have received, read and understand the EPA Lead Pamphlet "Protect Your Family From Lead in Your Home".

I certify that a copy of the Enfield Commercial Rehabilitation Program Guidelines was provided and that I have read and understand same. I further certify that I have read, understand and have signed the Memorandum of Understanding for the Commercial Rehabilitation Program.

Signature

Signature

Date: _____

Note: ALL PROPERTY OWNERS MUST SIGN

ADDITIONAL DOCUMENTATION:

Please submit the following items along with the application form:

1. Copy of Deed and Mortgage documents for subject property.
2. Tax affidavit showing that all Town of Enfield taxes due on all properties owned by same owner have been paid.
3. Copy of certificate of insurance on subject property.
4. Copy of commercial lease(s) between owner and tenant(s), merchant(s) or business person(s), if applicable.

Did you remember to:

- Sign the application and Memorandum of Understanding where indicated.
- Sign and return the EPA Lead Pamphlet" Protect Your Family From Lead in Your Home" form.
- Complete all sections of the application.
- Attach any cost estimates that you've obtained.

ENFIELD COMMERCIAL REHABILITATION PROGRAM MEMORANDUM OF UNDERSTANDING

The Town of Enfield's Commercial Rehabilitation Program is funded with federal monies made available through the Small Cities Community Development Block Grant (CDBG) Program and is subject to various federal, state and local regulations. It is important that you, the owner, understand and agree to the requirements for participation in the Program.

1. I agree that as part of my participation in the Program, any current or future code violations must be corrected in a timely fashion.
2. I understand that the financing will be in the form of a forgivable loan for up to \$25,000 in façade and code improvements with a required private match of 100% of the total loan value. Loan terms and conditions shall be set by OCD staff and approved by the Town's Loan Review Committee.
3. **RESIDENTIAL RENTAL PROPERTY UNITS ONLY:** I understand that, in the case of rental units, the tenants' income must meet the criteria for low and moderate income as defined in this paragraph. Rents for any apartments in the building may not exceed the HUD Existing Fair Market Rents for the area for a period of five years from completion of rehabilitation, unless an exception is agreed to in writing by the Enfield Office of Community Development (OCD). I agree to notify the OCD of any vacancies that occur from the date of this application, and to give priority consideration to Section 8 eligible tenants.
4. I understand that, if the property is determined by the OCD to be historic, it must be rehabilitated according to the Secretary of the Interior's Standards.
5. I understand that my application is subject to approval by the Enfield Loan Review Committee. I further understand that the committee may take into account some or all of the following in evaluating loans: the extent of the rehabilitation; the value of the property in relationship to the outstanding debt secured by mortgage; the owner's debt-to-income ratio; whether taxes on the property are current; the ability of rental property to generate sufficient income to cover expenses; and so forth.
6. I understand that the Town is bound by low-bid requirements, and therefore financing may only be in the amount of the lowest responsible bid. I may accept any qualified bidder other than lowest responsible bidder if I pay the difference between the low bid and the bid of the contractor selected. In addition, I have the right to invite general contractors of my choosing to bid on the work, subject to approval by the OCD. I understand that the contract for work will be between the contractor and me, and the final selection of the contractor is my responsibility.
7. I understand that this project is subject to the Federal Davis-Bacon Act, Copeland Act and the Contract Work Hours and Safety Standards Act.
8. I understand that modifications may arise due to unforeseen problems. Modifications will be allowed only upon prior approval of the OCD through a change order.

9. I understand that this project is subject to federal and state acts, laws and regulations pertaining to lead-based paint and those regulations require the following: in buildings constructed prior to 1978 where a child under the age of 6 years resides and where painted surfaces are defective, that those paint surfaces be tested for toxic levels of lead. These regulations further require that, in a building where a child under the age of 6 years resides and said child has an identified elevated blood lead level (EBL), that intact paint surfaces be tested for toxic levels of lead. Should toxic levels of lead be detected, appropriate lead testing and abatement procedures must be implemented in accordance with State Department of Health Services regulations.
10. I agree to maintain adequate business, property, and/or hazard insurance for the life of any loan made, with the Town of Enfield listed as an additional certificate holder.
11. I agree that there shall be no discrimination upon the basis of race, color, religion, creed, ancestry, age, sex, marital status, lawful source of income, national origin, sexual orientation, familial status, learning disability or mental or physical disability, in the sale, lease or rental of this property or in the award of the construction contract.
12. I understand and agree that I will cooperate with the OCD during all stages of this project by executing all documents, sign-offs, product selections etc. in a timely fashion. I understand that my failure to do so may cause unnecessary delays and increase costs of the project.

I have reviewed, understand and agree to the provisions stated in this Memorandum of Understanding. Please note: ALL PROPERTY OWNERS MUST SIGN.

DATE

SIGNATURE

DATE

SIGNATURE